

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28		27				
29		28				
30		29				
31		30				
32		31				
33		32				
34		33				
35		34				
36		35				
37		36				
38		37				
39		38				
40		39				
41		40				
42		41				
43		42				
44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	69	←		←		←
TOTAL CLAIMS	70					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		3				
54		4				
55		5				
56		6				
57		7				
58		8				
59		9				
60		10				
61		11				
62		12				
63		13				
64		14				
65		15				
66		16				
67		17				
68		18				
69		19				
70		20				
71		21				
72		22				
73		23				
74		24				
75		25				
76		26				
77		27				
78		28				
79		29				
80		30				
81		31				
82		32				
83		33				
84		34				
85		35				
86		36				
87		37				
88		38				
89		39				
90		40				
91		41				
92		42				
93		43				
94		44				
95		45				
96		46				
97		47				
98		48				
99		49				
100		50				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						